2016-04-19-03-00067621

FE7AN014

FEC FORM 3X

REPORT OF RECEIPTS **AND DISBURSEMENTS**For Other Than An Authorized Committee

FEC MAIL CENTER

2016 APR 19 AM 9: 38

Office Use Only

NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typin over the lines.		FE4M5	
ADDRESS (number and street) Check if different than previously reported. (ACC) FEC IDENTIFICATION N	Buite 1100 WASHINGT	φη		1 20	36 - L
C 0.0.5.6.0.8	0, 7 3. IS	5 ₩	IEW N) OR	AMENDED (A)	
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Continue) July 15 Quarterly Report (Continue) October 15 Quarterly Report (Continue) January 31 Year-End Report (Non-election Year Only) (MY) Termination Report (TER)	Report Due On: Mar Apr : (c) 12-Day PRE-Election Report for the: (d) 30-Day POST-Election Report for the:	20 (M3) Primary (12P Convention (Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) General (12G) Special (12S) Stunoff (30R)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R) in the State of Special (30S) in the State of
5. Covering Period	1 01 201 INSETTIVE	through	0.7/3	20	2.6
I certify that I have examined the	1/	1) 1	-	rect and complete	e.
Type or Print Name of Treasure Signature of Treasurer NOTE: Submission of false, erron	Robert 6	may subject the pers	Date	Ort to the penaltic	8 22/6 es of 52 U.S.C. § 30109.
Office Use Only	,			FEC	FORM 3X ev. 12/2004

2016 - 08 - 19 - 03 - 00067622

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name Report Covering the Period: From: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand January 1, 2011 (b) Cash on Hand at Beginning of Reporting Period..... (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 7. Total Disbursements (from Line 31)...... BLUK MAINKACOLD Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

2016 : 04 : 19 : 0M: 0006762M

DETAILED SUMMARY PAGE

of Receipts

Page 3

FEC Form 3X (Rev. 06/2004)

Write	or	Туре	Committee	Name	
		1/2	. 04	1	_

Report Covering the Period:

From:



To:

07 31 2016

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees		Contract Con
(i) Itemized (use Schedule A)		
(1) 11.511112.00 (0.00 0.0110.00 7.7)		
(ii) Unitemized		
(iii) TOTAL (add	the state of the s	
Lines 11(a)(i) and (ii)		
(b) Political Party Committees		
(c) Other Political Committees		
(such as PACs)		-"
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)	6	D -
Transfers From Affiliated/Other		
Party Committees	Λ	
rarty Committees		
3. All Loans Received		
3. All Loans neceived		
4 Lass Dansuments Dassived		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
4. Loan Repayments Received	6	
5. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)		
6. Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees		
7. Other Federal Receipts		
(Dividends, Interest, etc.)	i a come a come a come il	
8. Transfers from Non-Federal and Levin	Funds	
(a) Non-Federal Account		
(from Schedule H3)		
(b) Levin Funds (from Schedule H5)		
(c) Total Transfers (add 18(a) and 18(b))	
	Consideration of the Considera	Annual Committee of Parish and Committee of Street Committee of St
9. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))		6-
		Land de la Contraction del la contraction de la
0. Total Federal Receipts		
(subtract Line 18(c) from Line 19)		
,		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B
21.	Operating Expenditures:	total this Period	Calendar Year-to-Date
	(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		·
	(i) Federal Share		
	(ii) Non-Federal Share		
	(b) Other Federal Operating		
	Expenditures(c) Total Operating Expenditures	described to the state of the s	
	(add 21(a)(i), (a)(ii), and (b))▶	700	712
22.	Transfers to Affiliated/Other Party		
	Committees		
23.	Contributions to Federal Candidates/Committees		
	and Other Political Committees		
	Independent Expenditures		
25.	(use Schedule E)		
	(52 U.S.C. § 30116(d)) (use Schedule F)		
	(use scriedule F)		
26.	Loan Repayments Made		
	, ,		
	Loans Made		
20.	(a) Individuals/Persons Other		
	Than Political Committees		
	(b) Political Party Committees		
	(c) Other Political Committees		
	(such as PACs)		
		Committee of the contract of t	(and the standard of the stand
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))▶		
20	Other Dishurasments		
29.	Other Disbursements		
30.	Federal Election Activity (52 U.S.C. § 30101(2	20))	
	(a) Allocated Federal Election Activity	Δ	
	(from Schedule H6)		
	(i) Federal Share		
	(ii) III aviall Ohana		
	(ii) "Levin" Share(b) Federal Election Activity Paid Entirely		
	With Federal Funds		
	(c) Total Federal Election Activity (add		
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶		
		errore per se excession a communication de la communication agree de la communication	THE RESIDENCE OF THE PROPERTY
.31.	Total Disbursements (add Lines 21(c), 22,		and the state of t
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	10-1
32	Total Federal Disbursements	and an annual state of the stat	Desired Constitution of the Constitution of th
٥٤.	(subtract Line 21(a)(ii) and Line 30(a)(ii)	Mark 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ADD-127-17-COM -1-2-7-S-V-11-V-12-7-12-7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
	from Line 31)		
		A STATE OF THE PARTY OF THE PAR	Entertain Tourist Tourist State Stat
	no Bahma	T. D.	•
	Danne	maccing.	

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)		
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)		
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶		
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)		

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	;	

SCHEDULE A (FEC FORM 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE OF (check only one)	
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	11a 11b 11c 12	
<u></u>		Detailed Suffillary Page	13 14 15 16 17	
	y information copied from such Reports and St for commercial purposes, other than using the			
K	NAME OF COMMITTEE (In Full)			
	KEY STATES-		·	
Α.	Full Name (Last, First, Middle Initial)			Date of Receipt
	Mailing Address	·		THE TOTAL A TRAVERS
	City	State	Zip Code	- Control - Cont
				Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		
	Name of Employer	Occupation		-
	Receipt For:	Aggregate	Year-to-Date ▼	1
	Primary General Other (specify) ▼		A Company of the Comp	
	-	best ele		
В.	Full Name (Last, First, Middle Initial)			Date of Receipt
	Mailing Address			
	City	State	Zip Code	- Constitued Constituent Constituent
	FEC ID number of contributing		in the feature of the second 	Amount of Each Receipt this Period
	federal political committee.	C.	in and the second second second second	Suggestion of the section of the sec
	Name of Employer	Occupation		
	Receipt For:	Aggregate	Year-to-Date ▼	-
	Primary General Other (specify) •			
		In America		
C.	Full Name (Last, First, Middle Initial)		· ·	Date of Receipt
	Mailing Address			
	City	State	Zip Code	
	FEC ID number of contributing			Amount of Each Receipt this Period
	federal political committee.		Anna Bura Book wall work was	
	Name of Employer	Occupation		
Other (specify) ▼		Year-to-Date ▼	†	
	` '' \		03.1.49.1.3.2.1	<u> </u>
S	JBTOTAL of Receipts This Page (optional)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
\vdash				Company of the Compan
Į TO	OTAL This Period (last page this line number o	nly)		

SCHEDULE B (FEC Form 3X)		FOR LINE NU	JMBER: PAGE OF
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only o	ne)
	Detailed Summary Page	21b	22 23 24 25 26
		27	28a 28b 28c 29 30b
Any information copied from such Reports and Staten or for commercial purposes, other than using the name	nents may not be sold or used be and address of any political	by any person committee to s	for the purpose of soliciting contributions olicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
KEY States			
			
Full Name (Jast, First, Middle Initial)			Date of Disbursement
		ĺ	INTERNAL DESCRIPTION OF THE PROPERTY OF THE PR
Mailing Address			
	· · · · · · · · · · · · · · · · · · ·		
City	State Zip Code		
Purpose of Disbursement			•
r dipose of Disbursement		- A Property of the second	Amount of Each Disbursement this Period
Candidate Name		Catalogical	Sandan Sanda
		Category/ Type	
Office Sought: House Disbursen	nent For:		
<u> </u>	Primary General		
President	Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial)			Date of Disburgement
5.			Date of Disbursement
Mailing Address			N D B D S S BY BY E Y S S
City	State Zip Code		
Dumage of Dishursament			
Purpose of Disbursement	Transition of the state of the		Amount of Each Disbursement this Period
Candidate Name			Autonit of Each Dispulsement (ins Lenon
		Category/ Type	
Office Sought: House Disbursen	nent For:		The state of the s
F-4	Primary General		
ا استا	Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial)			Date of Dichurgament
J.			Date of Disbursement
Mailing Address	<u>-</u>		HART A DAD A A A A A A A A A A A A A A A A
			Breeze Caracia Breeze Caracia
City	State Zip Code		
Purpose of Disbursement			
Purpose of Disbursement			
Candidate Name			Amount of Each Disbursement this Period
		Category/ Type	
Office Sought: House Disbursen	nent For:	759	the state of the s
Senate	Primary General	ĵ	
President	Other (specify) ▼		
State: District:			
-			
SUBTOTAL of Disbursements This Page (optional)			
TOTAL This Deviced float many this time and the			
TOTAL This Period (last page this line number only)			

SCHEDULE C (FEC Form 3X)		<u></u>
LOANS	Use separate schedule(s)	PAGE OF
	for each category of the Detailed Summary Page	FOR LINE 13 OF FORM 3X
NAME OF COMMITTEE (In Full)	<u> </u>	
KEY States		<u> </u>
LOAN SOURCE Full Name (Last, First, Middle Initial)	E	ection:
	1	Primary General
Mailing Address		Other (specify)
I Maining / No. 1000		
City State ZIP Co	de	
Original Amount of Loan Cumulative Payment To		Outstanding at Close of This Period
The second secon		
TERMS Date Incurred Date Due	Interest Rate	Secured:
	Welest late	Decured.
		% (apr) Yes No
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed	A CONTRACTOR OF THE CONTRACTOR
	Outstanding:	The state of the s
2. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
ivaling riddioso	Cocapation	
	Amount	
City State ZIP Code	Guaranteed	
3. Full Name (Last, First, Middle Initial)	Outstanding:	
o. I dii Name (East, 1 iist, Madie linda)	I value of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed	
State ZIF Code	1 5	il and produce the construction of the constru
4. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Amount Guaranteed	
	Outstanding:	and the second s
		~ ~ _ ~ _ ~ _ ~ _ ~ _ ~ _ ~ _ ~ _ ~
SUBTOTALS This Period This Page (optional)		
SOSTOTALS THIS FERIOD THIS Fage (optional)		
TOTALS This Period (last page in this line only)		
Carry outstanding balance only to LINE 3, Schedule D, for this line. If	no Schedule D, carry forward	to appropriate line of Summary.

SCHEDULE C-1 (FEC Form 3X) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for Information found on Page of Schedule C

Federal Election Commission, Washington, D.C. 20463				
NAME OF COMMITTEE (In Full)		FEC	IDENTIFICATION NUMBER	
KEY States		C		
LENDING INSTITUTION (LENDER)	Amount of Loan		Interest Rate (APR)	
Full Name			%	
Mailing Address			/ Least / Lastan	
	Date Incurred or Established			
City State Zip Code	Date Due			
A. Has loan been restructured? No Yes	If yes, date originally incurred			
B. If line of credit, Amount of this Draw:	Total Outstanding Balance:			
C. Are other parties secondarily liable for the debt incurr No Yes (Endorse's and guarantors mi	red? ust be reported on Schedule C.)			
D. Are any of the following pledged as collateral for the property, goods, negotiable instruments, certificates of stocks, accounts receivable, cash on deposit, or other	deposit, chattel papers, r similar traditional collateral?	and the same	value of this collateral?	
No Yes If yes, specify:			The American Section of the Control	
		oes the lei nterest in it	nder have a perfected security	
E. Are any future contributions or future receipts of interest collateral for the loan? No Yes If yes, s	specify:	Carrier September	estimated value?	
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).	Location of account:			
Date account established:	Address:			
	City, State, Zip:			
F. If neither of the types of collateral described above wa the loan amount, state the basis upon which this loan				
G. COMMITTEE TREASURER		DATE		
Typed Name Signature		NVE		
H. Attach a signed copy of the loan agreement.				
 I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for 				
similar extensions of credit to other borrowers of III. This institution is aware of the requirement that complied with the requirements set forth at 11 C	f comparable credit worthiness. a loan must be made on a basis v	which assur	1	
AUTHORIZED REPRESENTATIVE	The state of the s	DATE		
Typed Name Signature Tit	tle	W K W	/ 1000 / 1000	
		Zenemi bezond		

SCHEDULE D (FEC Form 3X)	(Use senarate	Jse separate PAGE OF		
DEBTS AND OBLIGATIONS	schedule(s)	FOR LINE NUMBER:		
Excluding Loans	for each numbered line)	(check only one) 9		
NAME OF COMMITTEE (In Full)				
Kisy States				
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of D	ebt (Purpose):		
\sim \sim \sim		•		
Mailing Address				
City State \ \ Zip Code				
2.9 3333	_			
Outstanding Balance Beginning This Period				
The state of the s				
Amount Incurred This Period Payment This Period	.Outstandi	ng Balance at Close of This Period		
Secretaria de la constitución de		and the standard of the standa		
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of D	ebt (Purpose):		
Mailing Address				
City State Zip Code				
Outside Dates and Dates This Basis I				
Outstanding Balance Beginning This Period				
Amount Incurred This Period Payment This Period		ng Balance at Close of This Period		
C. Full Name (Last, First, Middle Initial) of Debtor of Creditor	Nature of D	ebt (Purpose):		
Mailing Address				
City State Zip Code				
Stap Stap				
Outstanding Balance Beginning This Period				
Become to the second se				
Amount Incurred This Period Payment This Period		ng Balance at Close of This Period		
	<u> </u>			
1) SUBTOTALS This Period This Page (optional)	1 -			
Ty Sobrotaes this relies this rage (optional)				
2) TOTALS This Period (last page this line number only)	Grap man Company of the Company of t			
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	. 4 -			
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page of				

SCHEDULE E (FEC Form 3X)		
ITEMIZED INDEPENDENT EXPENDITURES		PAGE OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Key States		C
Check if 24-hour report 48-hour report	New report Amends repo	ort filed on
Full Name of Payee		Date of Public Distribution/Dissemination
Mailing Address		Amount
City	ate Zip Code	
Purpose of Expenditure	Category/ Type	Date of Disbursement or Obligation
Name of Federal Candidate	Support	Office Sought: House District:
Calendar Year-To-Date Per Election for Office Sought	Oppose	President Senate State: Disbursement For: Primary General Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Mailing Address		Amount
City Sta	Zip Code	
Purpose of Expenditure	Category/ Type	Date of Disbursement or Obligation
Name of Federal Candidate	Support Oppose	Office Sought: House District:
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		
(b) SUBTOTAL of Unitemized Independent Expenditures		>
(c) TOTAL Independent Expenditures		>
Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate or party committee) any political party committee or its agen	authorized committee or agent of	not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Signature	Date	3

SCHEDULE F (FEC Form 3X)

ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE

ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE			PAGE OF
(To be used only	by Political Committees in the Gene	eral Election)	FOR LINE 25 OF FORM 3X
NAME OF COMMITTEE (In Full) KEY STATES			Check if 24-hour notice
Has your committee (been designated to make coordinated expenditures by a political party committee? YES NO	Full Name of Subordinate Committee		
If YES, name the designating committee:	Mailing Address		
,,,,,	City	State	e ZIP Code
Full Name (Last, First, Middle Initial) of Each Payee Mailing Address		Purpose of Expen	Category/ Type
Waning Address		Date	1,,,,,
City State	Zip Code	MTA / D	
Name of Federal Candidate Supported Office Sough		Amount	
	Senate District:		
Aggregate General Election			
Full Name (Last, First, Middle Initial) of Each Palee		Purpose of Exper	Category/
Mailing Address	\	Date	Туре
City State	Zip Code	NEW / O	**************************************
Name of Federal Candidate Supported Office Sough	House State: Senate District: Presidential	Amount	
Aggregate General Election Expenditure for this Candidate		2	elleranisticken Turarelleranisticken militarisetti seriili
Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Exper	nditure Category/
Mailing Address		Date	Туре
City State	Zip Code		**************************************
Name of Federal Candidate Supported Office Sough Aggregate General Election	t: House State: Senate District: Presidential	Amount	
Expenditure for this Candidate			
SUBTOTAL of Expenditures This Page (optional)	•		
TOTAL This Period (last page this line number only)			

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)		
1City States		
USE ONLY ONE SECTION, A or B		
A. State and Local Party Committees		
Fixed Percentage (select one)		
Presidential-Only Election Year (28% Federal)		
Presidential and Senate Election Year (36% Federal)		
Senate-Only Election Year (21% Federal)		
——— Non-Presidential and Non-Senate Election Year (15% Federal)		
B. Separate Segregated Funds and Nonconnected Committees		
Flat Minimum Federal Percentage		
If the committee will allocate using the flat minimum percentage of 50% federal funds, check or		
If the committee is spending more than 50% federal funds, indicate ratio below		
Federal%		
Nonfederal		
This ratio applies to (check all that apply):		
Administrative Generic Voter Drive Public Communications Referencing Party Only		

CHEDULE H2 (FEC Form 3X)		[D. 05		
LLOCATION RATIOS		PAGE OF		
AME OF COMMITTEE (In Full) KISY States				
ATIOS FOR ALLQCABLE FUNDRAISING EVENTS AND DIRECT CANDIDA CTIVITIES APPEARING ON THIS REPORT.	TE SUPPORT			
lethods of allocation:				
 FUNDRAISING activities are allocated using the "funds received met expenses must equal the federal proportion of monies raised. 	hod" where the federal pro	pportion of		
II. Shared DIRECT CANDIDATE SUPPORT activities are allocated according where the federal proportion of disbursements is based on the benefitivity. For PACs Only: Direct candidate support includes public commisederal and nonfederal candidates, regardless of whether there is a rare allocated using a figure/space method.	fit derived by federal candi nunications or voter drives	dates from the ac- that refer to both		
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %		
ACTIVITY IS: Fundraising CHECK IF THE RATIO IS: New Revised Same as Previously Reported	%	%		
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %		
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	%	%		
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %		
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	%	%		
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %		
ACTIVITY IS: Fundraising	%	%		
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %		
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	%	%		
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %		
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE BATIO IS:	%	%		

Same as Previously Reported

New

Revised

SCHEDULE H3 (FEC Form 3X) TRA ALL

	ANSFERS FROM NONFEDERAL ACCOUNTS FOR LOCATED FEDERAL / NONFEDERAL ACTIVITY	PAGE OF
		FOR LINE 18a OF FORM 3X
NΑ	AME OF COMMITTEE (In Full)	
	KEV States	
	NAME OF ACCOUNT DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	NA	
	BREAKDOWN OF TRANSFER RECEIVED	
	i) Total Administrative	
	ii) Generic Voter Drive	
	iii) Exempt Activities	
	iv). Direct Fundraising (List Activity or Event Identifier)	
	a)	
	b)	-Canonical
	c) Total Amount Transferred For Direct Fundraising	
	v) Direct Candidate Support (List Activity or Event Identifier)	
	a)	-0
	b)	
	c) Total Amount Transferred For Direct Candidate Support	5 1
	vi) Public Communications Referring Only to Party Made by PAC)	
	TOTALS FOR BREAKDOWN OF TRANSFER REC	EIVED
T	OTAL This Period (Administrative)	
T	OTAL This Period (Generic Voter Drive)	
T	OTAL This Period (Exempt Activities)	
T	OTAL This Period (Direct Fundraising)	Committee of the second
Ţ	OTAL This Period (Direct Candidate Support)	Annual Marianter producer of the second seco
T	OTAL This Period (Public Communications Referring Only to Party)	
T	OTAL This Period (Total Amount Transferred)	· · · · · · · · · · · · · · · · · · ·

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL NONFEDERAL ACTIVITY

F	EDERAL/NONFEDERAL ACTIVITY	7				FOR LINE 21a OF FORM 3X
N/	AME OF COMMITTEE (In Full) States					por time the or torius ox
A.	Full Name (Last, First, Middle Initial)				Allocated Activity or	Event:
					Administrative	Fundraising Exempt
	Mailing Address W/				Voter Drive	Direct Candidate Support
	City	State 2	ip Code		Public Comm ((ref to party only) by PAC
	Purpose of Disbursement:			San Casa Sussens	Allocated Activity	or Event Year-To-Date
	Activity or Event Identifier:					
			1	Category/ Type	Date L	D.D. / V.V.Y.V.
	FEDERAL SHARE +		FEDERAL	SHARE		OTAL AMOUNT
				Same donati dan Same		
-	Full Name (Last, First, Middle Initial)	· · · · · · · · · · · · · · · · · · ·	·		Allocated Activity or	Event:
				· _ · · · · · · · · · · · · · · · · · ·	Administrative	Fundraising Exempt
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C.	Full Name (Last, First, Middle Initial)				Allocated Activity or	Event: Fundraising Exempt
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	Purpose of Disbursement:	\				or Event Year-To-Date
	Activity or Event Identifier:	`				
	. ,			Category/ Type	Date ,	
	FEDERAL SHARE +	NON	FEDERAL	SHARE	= тс	OTAL AMOUNT
sı	JBTOTAL of Allocated Federal and NonFederal Acti	vity This Page				
	FEDERAL SHARE +		FEDERAL S			OTAL AMOUNT
	And the last of th					
TC	OTAL This Period (last page for each line only)(Fedingle This Period (last page for each line only))	eral share to 2		NonFederal sha		OTAL AMOUNT
		and the second s	THE REAL PROPERTY AND ADDRESS OF THE PARTY			

PAGE

OF

SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)	PAGE OF FOR LINE 18b OF FORM 3X
NAME OF COMMITTEE (In Full)	· ·
Kuy States	
NAME OF ACCOUNT DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
a)/A	
BREAKDOWN OF THIS TRANSFER	
VOTER REGISTR	
Total Amount Transferred for Voter Registration	
and Charmine and Internal American	OTER ID
ii) Voter ID	dan
Total Amount Transferred for Voter ID	Aller of the seal transfer and the seal transfer
iii) GOTV	GOTV
Total Amount Transferred for GOTV	4000
	GENERIC CAMPAIGN ACTIVITY
iv) Generic Campaign Activity Total Amount Transferred for Generic Campaign Activity	and the same of th
hours	and the second
NAME OF ACCOUNT DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
Lught Load Landard	
BREAKDOWN OF THIS TRANSFER	
VOTER REGISTR	ATION .
i) Voter Registration Total Amount Transferred for Voter Registration	
Banca-discuss dilucas di discussi di successi di discussi di	OTER ID
ii) Voter ID	OTEN ID
Total Amount Transferred for Voter ID	A Company of the Comp
ili) GOTV	GOTV
Total Amount Transferred for GOTV	
Bases Case and Second	GENERIC CAMPAIGN ACTIVITY
iv) Generic Campaign Activity Total Amount Transferred for Generic Campaign Activity	
Total Amount mansierred for definite Campaign Activity	handred the character of the colored to the colored to
TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (La	art Page Only)
TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (LE	st rage Only)
TOTAL This Period (Voter Registration)	· ·
TOTAL This Device (//eter ID)	Conference of the second
TOTAL This Period (Voter ID)	the state of the s
TOTAL This Period (COTV)	The state of the s
TOTAL This Period (GOTV)	Same Institute of Same Institute of Same Institute of Same of
TOTAL This Period (Generic Composer Addition)	The second secon
TOTAL This Period (Generic Campaign Activity)	And the state of t
TOTAL This Period (Total Amount of Transfers Persited I)	The state of the s
TOTAL This Period (Total Amount of Transfers Received)	

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SCHEDULE H6 (FEC Form 3X) DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

PAGE OF
FOR LINE 30a OF FORM 3X

NAME OF COMMITTEE (In Full)				
REV States				
A. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign			
Mailing Address	Allocated Activity or Event Year-To-Date			
City State Zip Code processor				
Purpose of Disbursement Cate	gory/ pe Date			
FEDERAL SHARE + LEVIN SHARE	= TOTAL AMOUNT			
B. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign			
Mailing Address	Allocated Activity or Event Year-To-Date			
City State Zip Code				
Purpose of Disbursement Cate	gory/ Date Date			
i y				
FEDERAL SHARE + LEVIN SHARE	= TOTAL AMOUNT			
FEDERAL SHARE + LEVIN SHARE	= TOTAL AMOUNT			
FEDERAL SHARE + LEVIN SHARE	Type of Allocated Activity or Event: Voter Registration GOTV			
FEDERAL SHARE + LEVIN SHARE C. Full Name (Last, First, Middle Initial) / Aull Organization Name Mailing Address	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign Allocated Activity or Event Year-To-Date			
FEDERAL SHARE + LEVIN SHARE C. Full Name (Last, First, Middle Initial) / full Organization Name Mailing Address City State Zip Code	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign Allocated Activity or Event Year-To-Date			
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FEDERAL SHARE + LEVIN SHARE C. Full Name (Last, First, Middle Initial) / Aull Organization Name Mailing Address City State Zip Code Purpose of Disbursement Cate Ty FEDERAL SHARE + LEVIN SHARE SUBTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SHARE TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin states and the states are to 30(a)(i) and Levin states are to	Type of Allocated Activity or Event: Voter Registration Voter ID Generic Campaign Allocated Activity or Event Year-To-Date Gory Date TOTAL AMOUNT TOTAL AMOUNT Share to 30(a)(ii))			

SCHEDULE L (FEC Form 3X)

AGGREGATION PAGE: LEVIN FUNDS

NAM	E OF COMMITTEE (In Full)		
NAM	KUY States		
	NA		<u> </u>
		COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1,	RECEIPTS FROM PERSONS (a) Itemized(Use Schedule L-A)		
	7	Sandana Canada sanda sanda sanda sanda sanda sanda sanda	
	(b) Unitemized		
	(c) Total		
2.	OTHER RECEIPTS		
3.	TOTAL RECEIPTS		
	(Add Lines 1c and 2)	ann aithreachas a the ann a trainin a Canada Canada Canada ann an tall ann an Airm an Airm ann an Airm an Airm	the contract of the second of
4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		•
	(a) Voter Registration		
	(b) Voter ID		
	(c) GOTV		
	(d) Generic Campaign		
	(e) Total		
5.	OTHER DISBURSEMENTS	The state of the s	
6.	TOTAL DISBURSEMENTS	and the second particular for the second particular of the second parti	
7.	BEGINNING CASH ON HAND		
8.	RECEIPTS(from Line 3)		
9.	SUBTOTAL (Add Lines 7 and 8)		
10.	DISBURSEMENTS	and we will an all some the same to the same that are the same to the same that are the same to the same that are the sa	
	(From Line 6)		
11.	ENDING CASH ON HAND(Subtract Line 10 From Line 9)		
			,

SCHEDULE L-A (FEC Form 3X)	llea senarate schedule(s)	PAGE OF
ITEMIZED RECEIPTS OF LEVIN FUNDS	Use separate schedule(s) for each category of the Aggregation Page	FOR LINE NUMBER: 1a 2
Any information copied from such Reports and Statements may not to or for commercial purposes, other than using the name and address		
NAME OF COMMITTEE (In Full) Key States		
Full Name (Last, First, Middle Initial) / Full Organization Name A. Mailing Address		Date of Receipt
City State Name of Employer or Principal Place of Business	Zip Code	Amount of Each Receipt this Period
Occupation		Aggregate Year-to-Date
Full Name (Last, First, Middle Initial) Full Organization Name B. Mailing Address		Date of Receipt
City State Name of Employer or Principal Place of Business Occupation	Zip Code	Amount of Each Receipt this Period Aggregate Year-to-Date
Full Name (Last, First, Middle Initial) / Full Organization Name C. Mailing Address		Date of Receipt
City State Name of Employer or Principal Place of Business Occupation	Zip Code	Amount of Each Receipt this Period Aggregate Year-to-Date
Full Name (Last, First, Middle Initial) / Full Organization Name D. Mailing Address		Date of Receipt
City State Name of Employer or Principal Place of Business Occupation	Zip Code	Amount of Each Receipt this Period Aggregate Year-to-Date
SUBTOTAL of Receipts This Page (optional)		
TOTAL This Period (last page this line number only)		trans.

SCHEDULE L-B (FEC Form 3X) ITEMIZED DISBURSEMENTS

FOR LINE NUMBER: PAGE OF Use separate schedule(s) (check only one)

OF LEVIN FUNDS	for each category of the- Aggregation Page	4a 4c 5 4b 4d
Any information copied from such Reports and Statements may nor for commercial purposes, other than using the name and addr	not be sold or used by any perso ess of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) [CEY States		
Full Name (Last, First, Middle Initial) / Full Organization Name A.		Date of Disbursement
Mailing Address		
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		Complete (V)
Full Name (Last, First, Middle Initial) / Full Organization Name B.		Date of Disbursement
Mailing Address		
City	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Full Name (Last, First, Middle Initial) / Full Organization Name C.		Date of Disbursement
Mailing Address		
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		j
Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Disbursement
Mailing Address		
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Full Name (Last, First, Middle Initial) / Full Organization Name E.		Date of Disbursement
Mailing Address		
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		the same throughout the sa
SUBTOTAL of Disbursements This Page (optional)		
TOTAL This Period (last page this line number only)		

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HT: CAMSTORER MORSO

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received.			
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USPS Registered/Certified	Postmarked (R/C)		
USPS Priority Mail	Postmarked		
USPS Priority Mail Express	Postmarked		
Postmark Illegible			
No Postmark	·		
Overnight Delivery Service (Specify):	Shipping Date		
Next Bu	siness Day Delivery		
Received from House Records & Registration Office	Date of Receipt		
Received from Senate Public Records Office	Date of Receipt		
Received from Electronic Filing Office	Date of Receipt		
Other (Specify):	of Receipt or Postmarked		
K	04-19-2016		
PREPARER	DATE PREPARED		
(3/2015)			